

Ongoing Eligibility Determination

Placement

Child's Income

Deprivation

Age

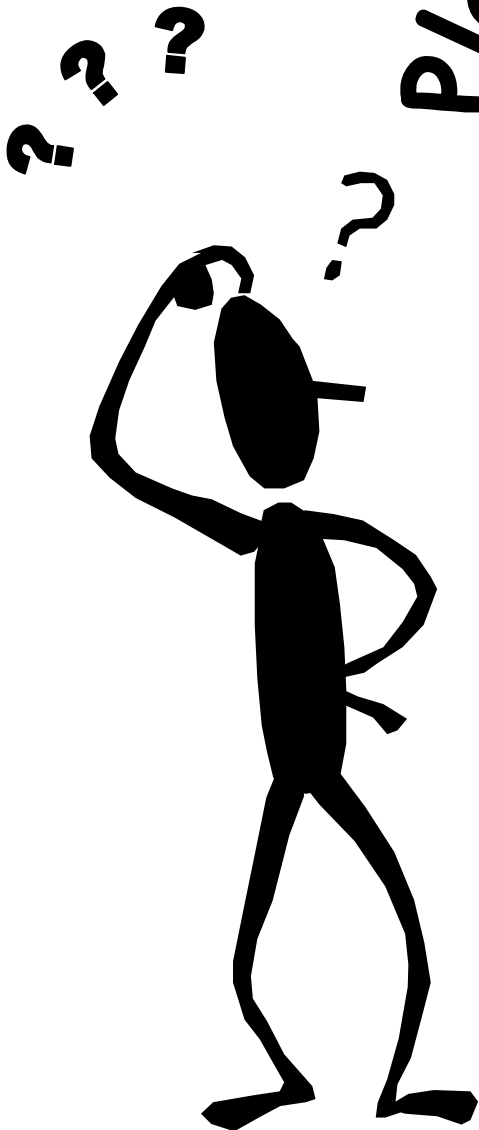
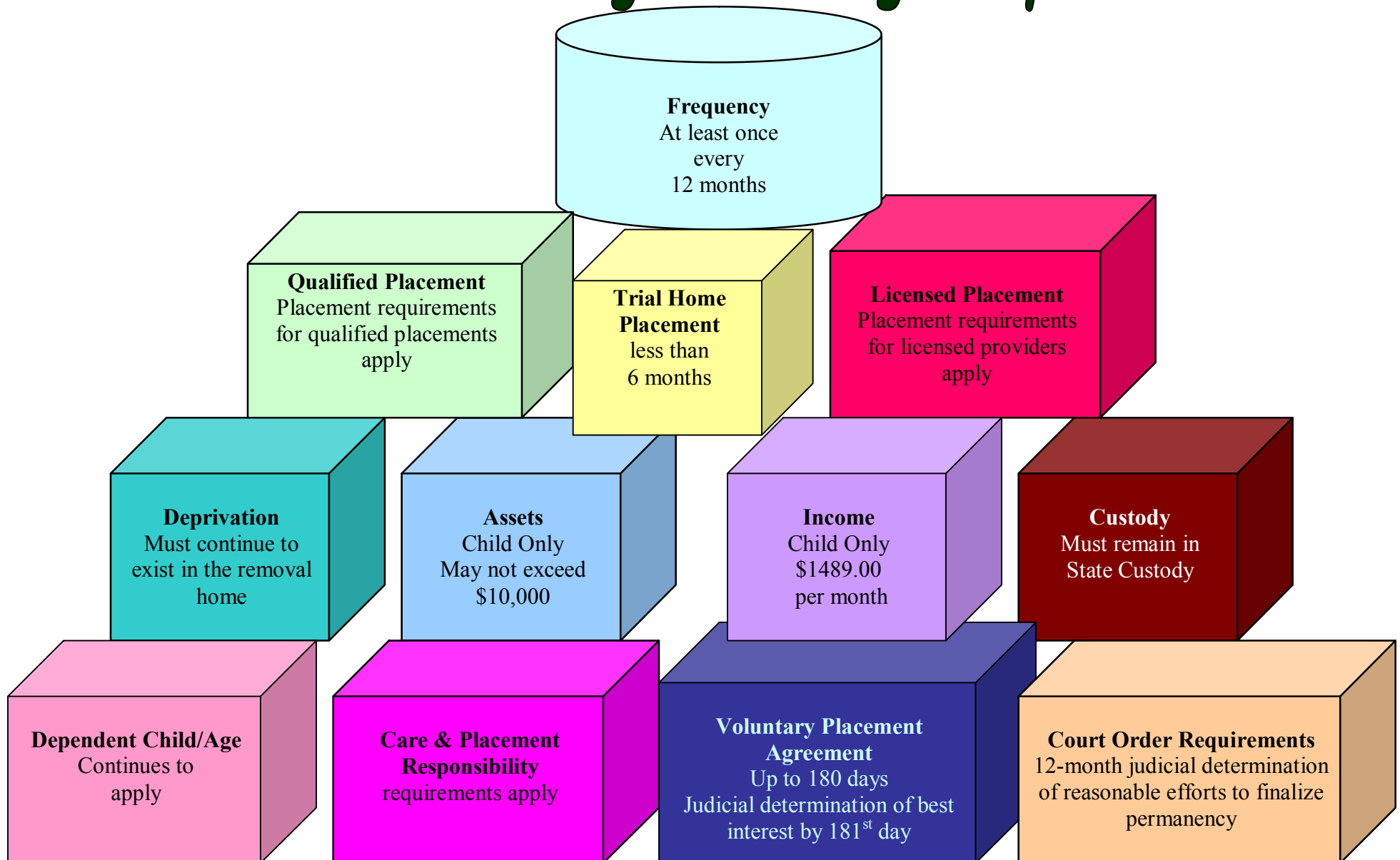
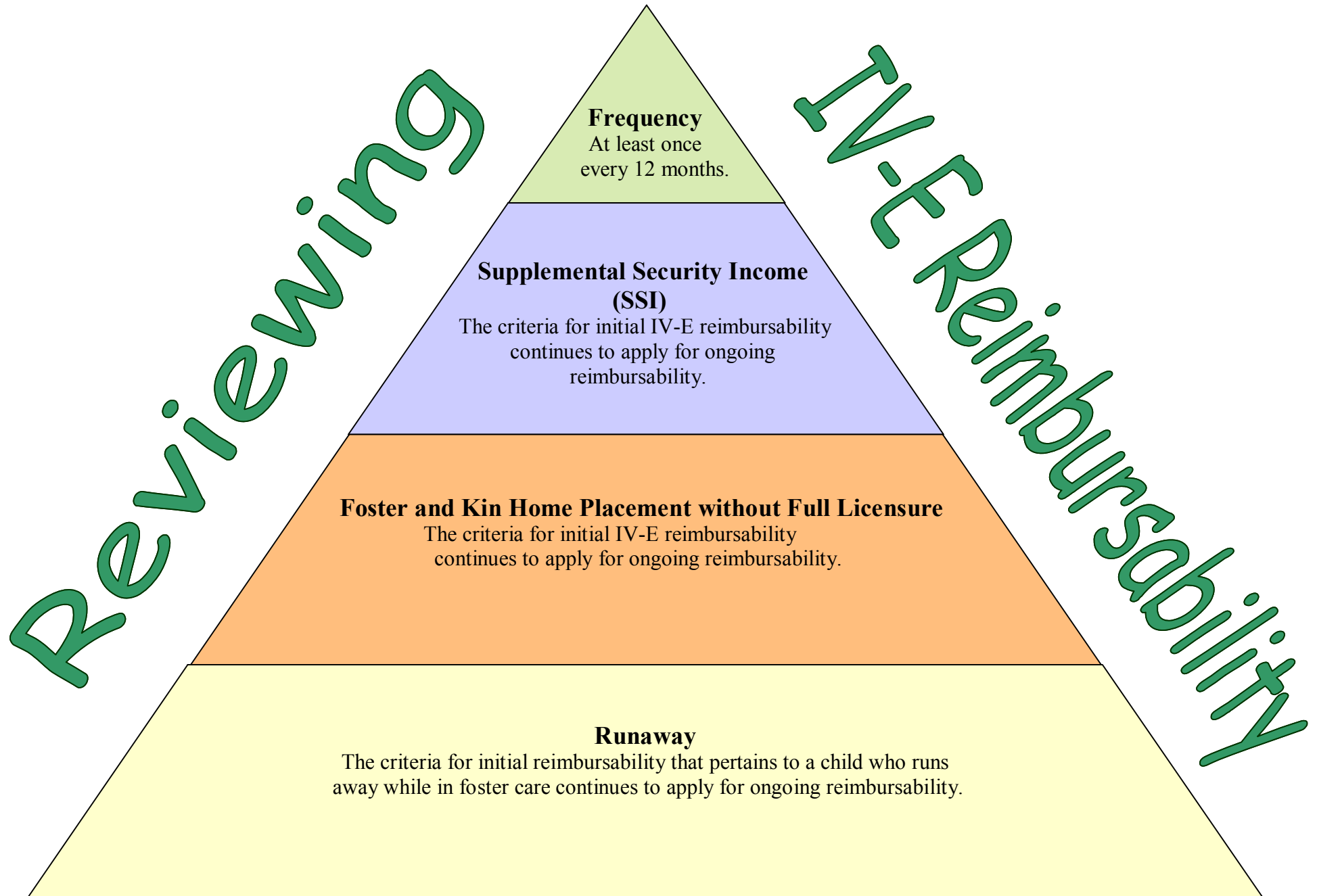


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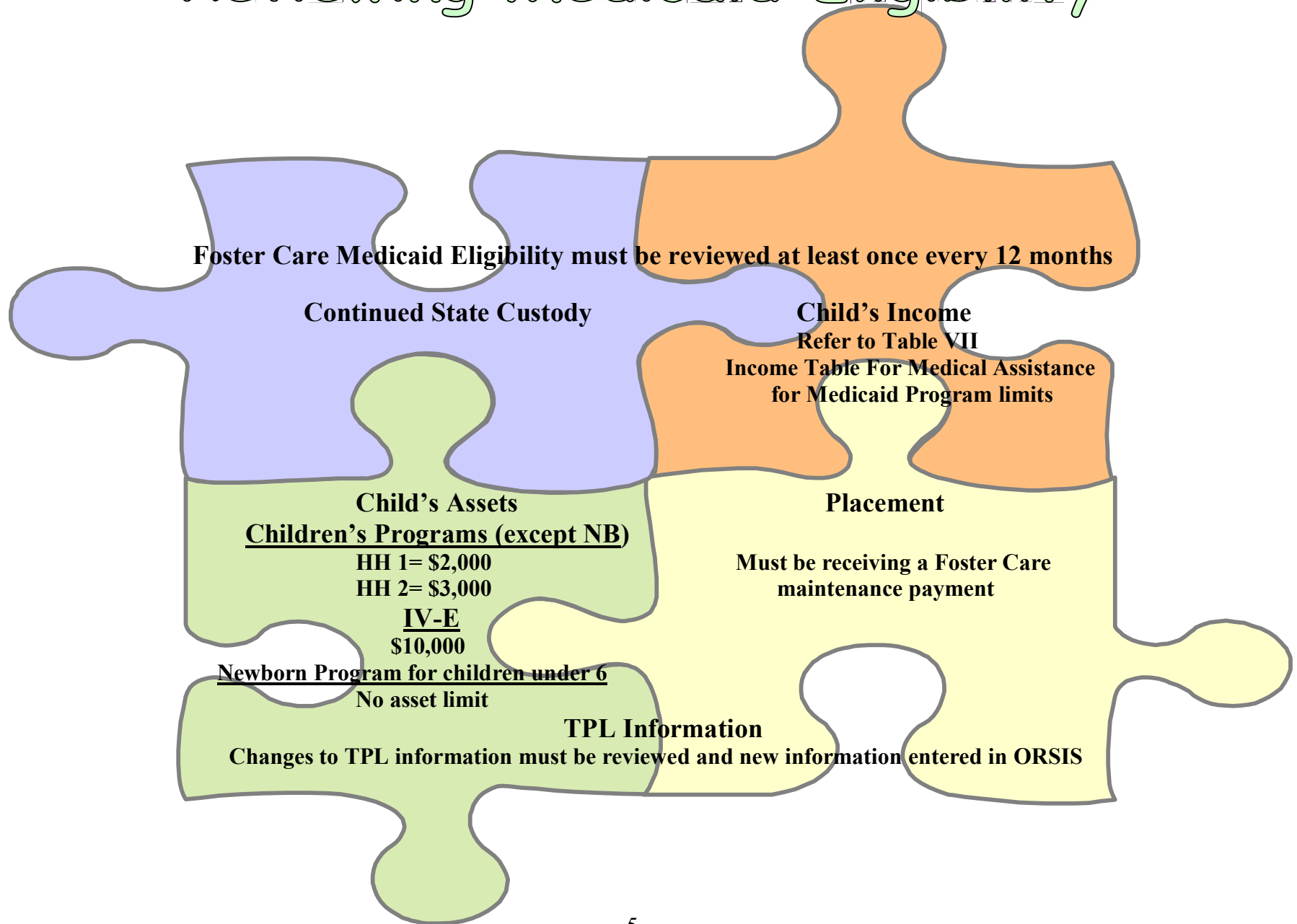
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Reviewing IV-E Eligibility





Reviewing Medicaid Eligibility



ELIGIBILITY REVIEW

Title IV-E and Medicaid Benefits for Foster Child

Child's Name Who is the review for? Case ID # Child's HLCI #

Review Period: From Month eligibility began OR month of last review. To End of the 12th month.

****Example****
IV-E and/or Medicaid eligibility begins in Sept 2003. First review period is Sept 2003 to Sept 2004 (Sept 1, 2003 to Aug 31, 2004). Second review period is Sept 2004 to Sept 2005 (Sept 1, 2004 to Aug 31, 2005).

Part A: Joint Requirements for Continued Foster Care IV-E and Medicaid Benefits

1. Is the child under age 18, or age 18 and expected to complete high school or technical training before the age of 19? (Is child a full-time student?) *NOTE: If age 18, eligibility ends at graduation or when full-time schooling is discontinued for Title IV-E and ends at age 19 for FC Medicaid if NB+ criteria used.*

☐ Yes

*Go to question A2.

☐ No

Child is not eligible for IV-E. For Foster Care Medicaid, child can qualify until age 19 if meeting NB+ criteria. If under age 19, **Go to Part D. If 19 or over, **Go to Part E.

Check review form submitted by caseworker. Section II Question # 1 will contain this information.

2. If the child entered care by a court order, voluntary placement agreement, or voluntary relinquishment, does the agency still maintain custody of the child?

☐ Yes

*Go to question A3.

☐ No

STOP. Child is not IV-E eligible/reimbursable or FC Medicaid eligible.

**Go to Part E.

Check SAFE, Court orders, caseworker statement.

3. Did the child meet initial IV-E eligibility requirements for this custody episode?

☐ Yes

*Go to question B1.

☐ No

**Go to Part D.

Eligibility file contains this information.

Part B: Requirements for IV-E Foster Care Eligibility

1. If the child entered care through a Voluntary Placement Agreement, was there a court order within 180 days of the agreement giving the agency custody and including the required contrary to welfare/best interest language?

Did the child enter custody through a Voluntary Placement Agreement, **SAFE form DCFS01**, signed by an agency representative and the parent or guardian of the child?
This information will be in the **Court Section** of the eligibility file.

☐ Yes Court Order Date: _____ ****Go to question B3.**

This should be the first court order that orders custody of the child to the agency and it must contain the **Best Interest** language.

☐ No **STOP.** Child can only be IV-E eligible/reimbursable for the first 180 days of the signed agreement, if all other criteria are met. IV-E eligibility is permanently lost for this custody episode. Child can be considered for Foster Care Medicaid eligibility if the court ordered custody at any time after agreement ended.
****Go to Part D.**

☐ NA Child did not enter care through Voluntary Placement Agreement.
****Go to question B2.**

2. If the child entered care as a result of an up-front voluntary relinquishment, was there a court order within six months of entry into care with the required contrary to welfare/best interest language (not merely sanctioning the relinquishment)?

Information will be in the **Court Section** of the eligibility file.

☐ Yes ****Go to question B3.**

☐ No Child cannot be IV-E eligible unless a court order with the required legal language was obtained within six months of the removal date. IV-E eligibility is permanently lost for this custody episode. ****Go to Part D.**

☐ NA Child did not enter care as a result of an up-front voluntary relinquishment.
****Go to question B3.**

3. Did deprivation continue to exist in the removal home during the review period or have parental rights been terminated?

Removal from Caretaker Relative other than the parent

Deprivation will always exist for reason of both parents absent from the removal home.

Removal from Parent

Deprivation reason can change. Only one form of deprivation needs to be present.

Deprivation reasons include:

Continued Absence of a parent

Incapacitation

Unemployment of the principal wage earner

Underemployment of the principal wage earner

Caseworker Statement of continued deprivation is **in Section II Question 2** on the review form. Check SAFE, PACMIS, E-find to verify that deprivation has continued to exist.

If parental rights have been terminated, deprivation always exists.

☐ Yes Describe deprivation: _____ TPR Date: _____

☐ Deprivation was met all months of review period. ****Go to question B4.**

☐ Deprivation was met for one or more months during the review period.

*List any months in which deprivation was **not** met:*

List months when there was no deprivation.

****Go to question B4.**

☐ No **STOP.** Child is not IV-E eligible during the months deprivation no longer exists.

Explanation is needed.

Explain why deprivation did not exist: _____

****Go to Part D.**

4. Were child's countable assets **under \$10,000** during the review period?

Child's assets and source: \$ _____

Caseworker statement on review form, **Sections 3, 4 & 5**; Representative Payee account reports.

☐ Yes Child is IV-E eligible for any months in which asset limit is met.

☐ Asset limit was met **all** months of review period. ****Go to question B5.**

☐ Asset limit was met for one or more months during the review period.

List any months in which asset limit was exceeded:

List any months that the foster child's assets exceeded \$10,000.

***Go to question B5.**

☐ No Child is not IV-E eligible during months child's monthly assets exceed \$10,000.

****Go to Part D.**

\$1489.00 per month

5. Was child's countable monthly income **less than 185% of the Foster Care Need Standard.**

Caseworker statement on review form, **Section 6 & 7**; PACMIS and/or E-find for SSA or SSI benefits; earned income of a full-time student is not countable.

during the review period? Child's income and source: _____

☐ Yes Child is IV-E eligible for any months in which income limit is met.

☐ Income limit was met **all** months of review period. ****Go to question B6.**

☐ Income limit was met for one or more months during the review period.

List any months in which income limit was exceeded:

List any months that the income of the foster child exceeded \$1489.00.

****Go to question B6.**

☐ No Child is not IV-E eligible in months child's monthly income exceeds 185% of FC Need Standard.

****Go to Part D.**

6. Did the court make a judicial finding within 12 months of removal (and at least once every

12 months thereafter) that

The State has made reasonable efforts to finalize a permanency plan.

(permanency goal) for the child?

Court order section of eligibility file, family file court order section, AG, and caseworker.

___ Yes

Date of Order:

Enter the date of the hearing or the judge's signature date.

****Go to question B7.**

___ No

Child is not eligible until this finding is made by the court.

List date when eligibility must be discontinued until permanency plan finding is made (12 months after removal or 12 months since last permanency finding):

If the court has not made this finding, terminate the IV-E eligibility in SAFE at the end of the 12th month.

If scheduled, hearing date:

Set an alert to follow up.

(Note: **Set alert to follow up for court order language.** If not scheduled, notify worker.)

7. Is the child placed at home on a trial home placement?

SAFE, ACCESS, USSDS or Placement Contracts.

___ Yes

IV-E eligibility is discontinued, but can be reinstated within six months (or if trial home placement is court ordered, length of placement can exceed six months).

Date after which IV-E eligibility cannot be reinstated on current eligibility:

Eligibility must terminate the last day of the 6th month following the trial home placement.

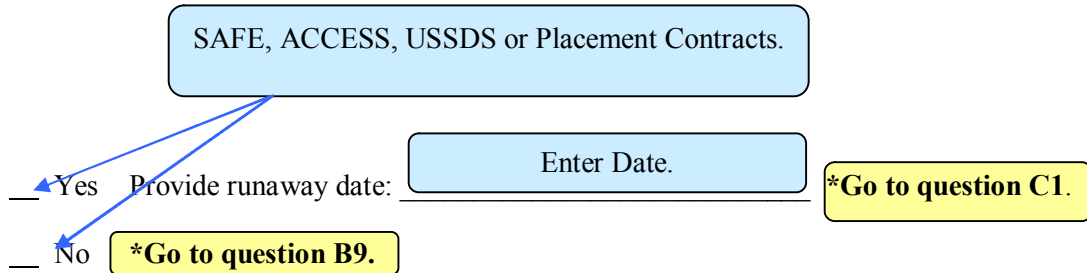
Foster Care Medicaid must be closed. **Go to Part E.

___ No

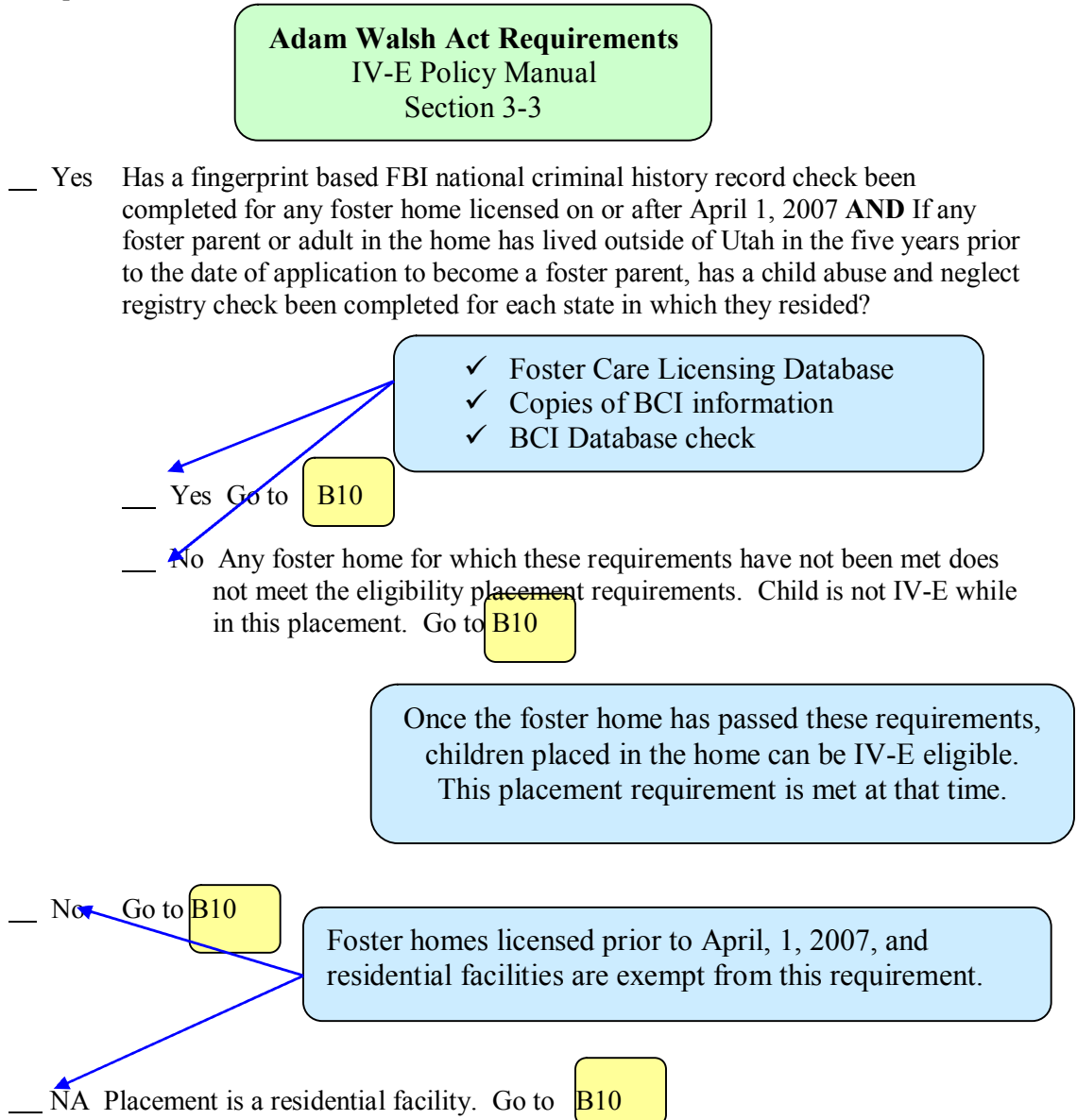
***Go to question B8.**

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8. Is the child a runaway from foster care (and still in State custody)?



9. Was the current foster home or any other foster home during the review period licensed on or after April 1, 2007?



10. Is the child's current placement or any other placement since entering agency care a non-kin foster home, group home or residential placement, including a public facility with 25 beds or less?

SAFE, ACCESS, USSDS or Placement Contracts
Licensing documentation must be in the eligibility case file.

- ✓ Foster Care Licensing Data Base Printout
- ✓ Proctor and Christmas Box Homes Licensing Certificate and BCI Information
- ✓ Residential Placement Licensure may be verified through the Licensing Website

___ Yes Provide date(s) child placed in a foster home, group home or residential facility:

Placement printout and licensing information. Section II, Question 8 on Caseworker Review form.

Is the foster home, group home or residential facility fully licensed?

The Office of licensing does licensing for group homes and residential facilities. Licensing website will provide license information.

___ Yes

****Go to question B11.**

___ No

Child's IV-E eligibility cannot continue until child is placed in a licensed, qualified placement. ****Go to Part D.**

___ No

****Go to question B10.**

11. Is the child's current placement or any other placements since entering agency care a kin home?

___ Yes Provide date(s) child placed in kin home:

Placement printout and licensing information. Section II, Question 8 on Caseworker Review form.

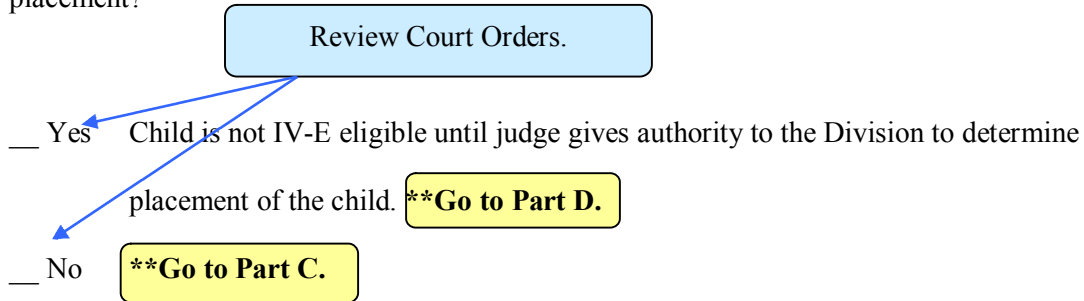
****Go to question B11.**

___ No

Child's IV-E eligibility cannot continue until child is placed in a qualified placement.

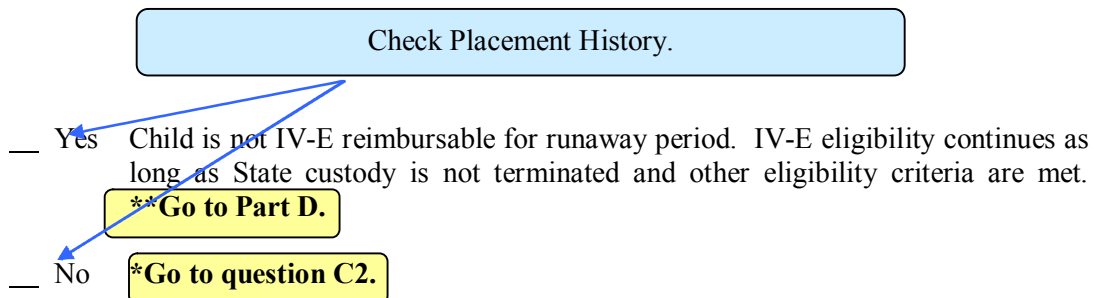
****Go to Part D.**

12. If the child entered care by a court order, was the child ordered into a specific foster placement?

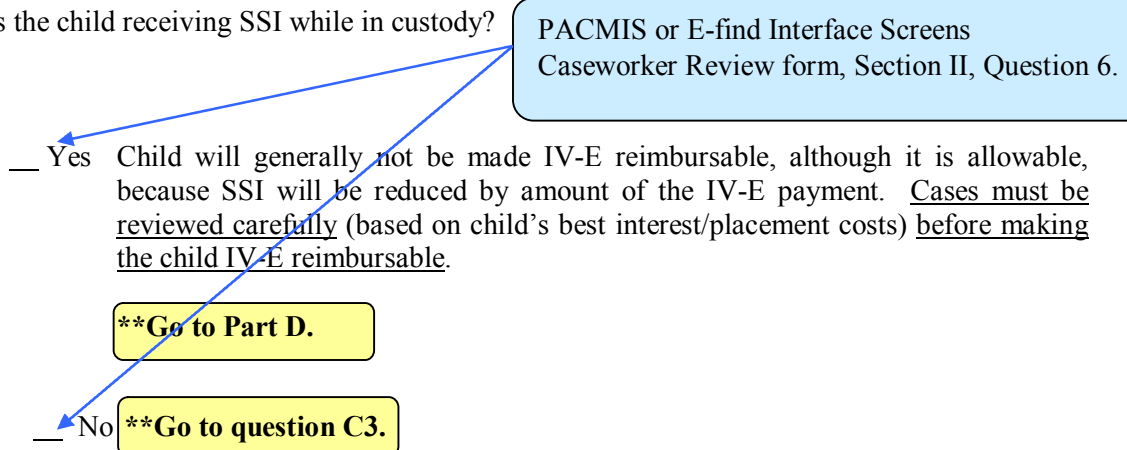


Part C: Requirements For IV-E Foster Care Reimbursability

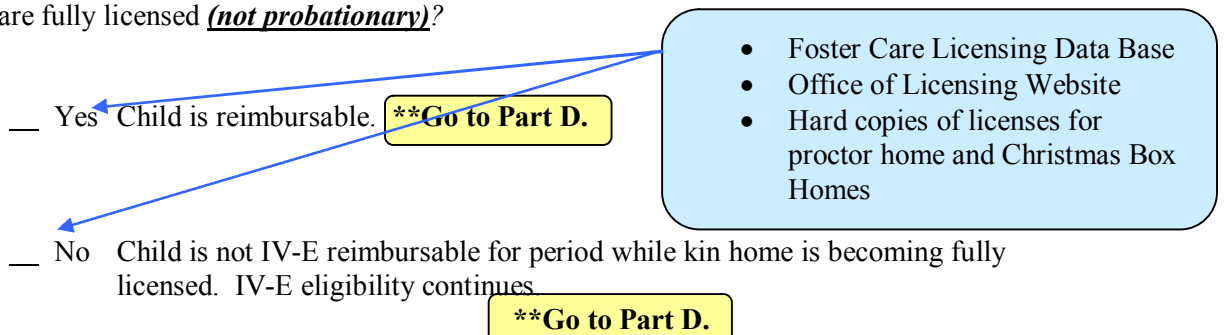
1. Is the child a runaway from foster care (and still in State custody)?

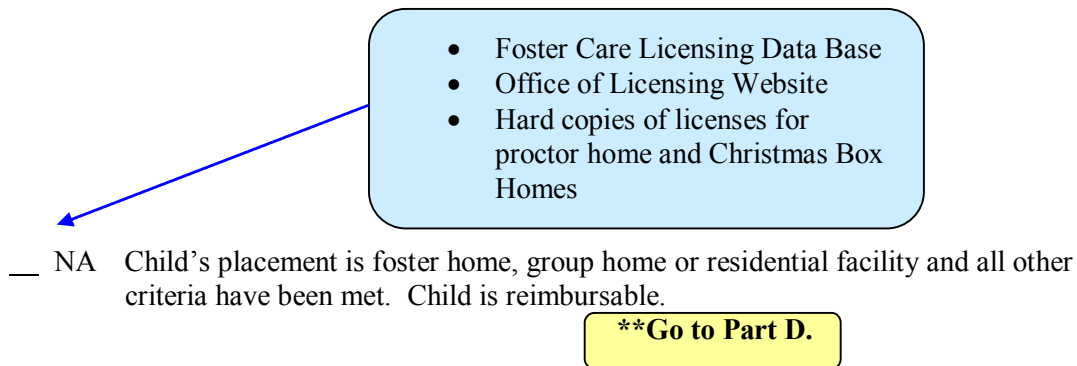


2. Is the child receiving SSI while in custody?



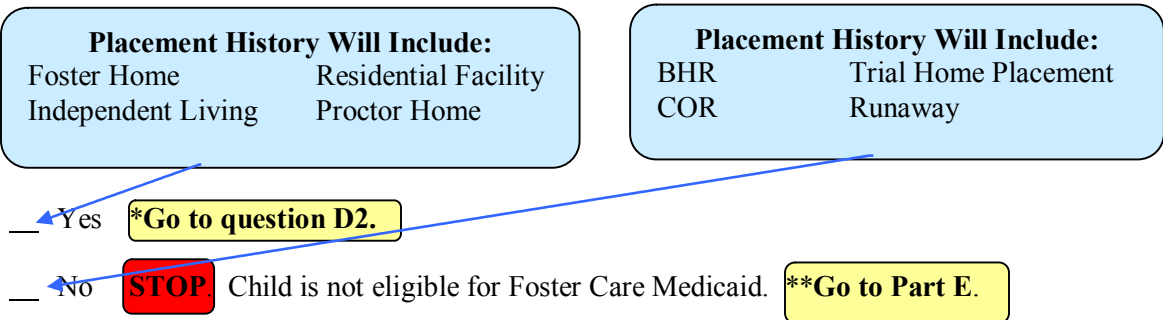
3. Is the child's current kin placement or any other kin home placements since entering agency care fully licensed (not probationary)?



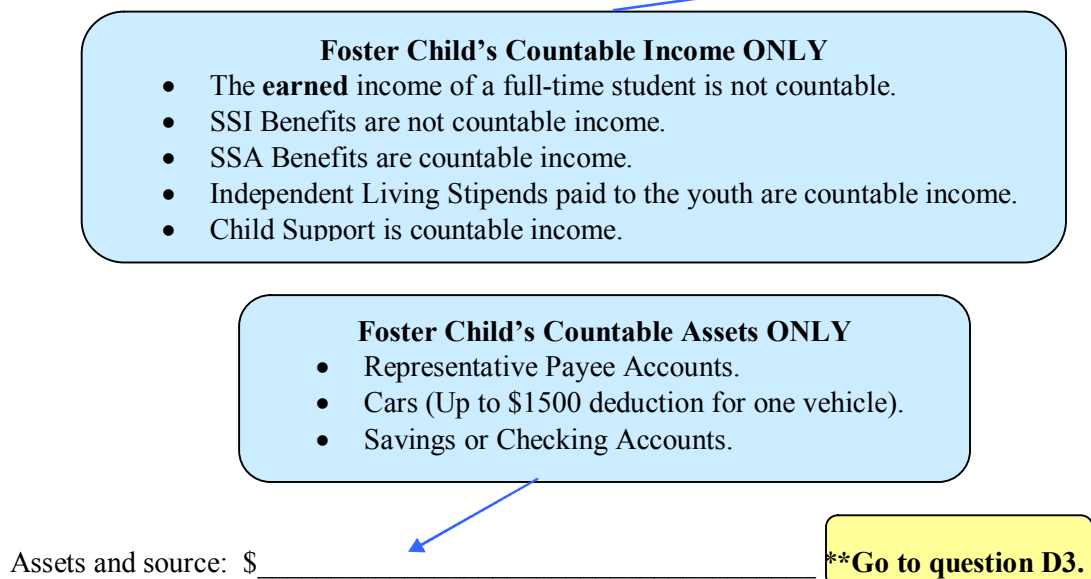


Part D: Requirements for Foster Care Medicaid

1. Is the child in a placement in which a foster care or independent living maintenance payment is being made for the child?



2. What are the child's countable income and assets? Income and source: \$ _____



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3. Was the child previously eligible for Foster Care Medicaid?

___ Yes Program Type: F, C, D, B, NB, NB+ or PN

****Go to question D4.**

___ No ****Go to question D4.**

4. Is the child IV-E eligible **and** IV-E reimbursable?

A Foster Child must meet **all** the requirements for **IV-E eligibility and IV-E reimbursability** to be eligible for FC/F.

___ Yes **STOP** Child is categorically eligible for Medicaid, FC/F. ****Go to Part E.**

___ No ****Go to question D5.**

5. If the child is a qualified alien, has the child been living in the United States for five years or longer, did the child enter the United States prior to August 22, 1996, or is the child in a protected alien classification?

Citizenship and Qualified Alien Status
information is located in the Verification Section
of the Eligibility File.

Information will be on the Alien Registration
Card (green card) or in the INS documentation.

___ Yes Date of entry in U.S.: _____ or protected classification: _____
****Go to question D6.**

___ No **STOP** Child is not eligible for Foster Care Medicaid until in the United States
for five years. Date five year waiting period ends: _____ ****Go to Part E.**

___ NA Child is a U.S. Citizen. ****Go to question D6.**

6. Are **the child's** countable assets **greater than \$2000** as provided on the income and asset worksheet?

Does the **Foster Child** have more than \$2,000 in
countable assets?

___ Yes ***Go to question D7.**

___ No ***Go to question D8.**

7. Is the child under 6 years of age?

Under age 6?

___ Yes Is the child's countable income less than the limits required for the Newborn Medicaid Program (no asset limit)?

See Table VII for
current income
limits.

NB Income Limit: \$ _____ Child's income: \$ _____

Foster Child's Countable
Income **ONLY**.

___ Yes **STOP.** Child is eligible for Newborn Medicaid Program (FC/C).

****Go to Part E.**

___ No **STOP.** Child is not eligible for FC Medicaid. If the child's income drops below the Newborn limit, re-determine FC Medicaid eligibility.

****Go to Part E.**

___ No Child is not eligible for FC Medicaid. If assets drop below the asset limit, re-determine FC Medicaid eligibility. ****Go to Part E.**

8. Is the child blind or disabled and receiving SSI?

Verification of receipt of SSI or
a Disability Review.

SSI can be verified through the Interface
Screens in PACMIS or E-find.

___ Yes **STOP.** Child is eligible for Foster Care Medicaid (FC/D disabled, FC/B blind).

****Go to Part E.**

___ No ***Go to question D9.**

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9. Is the child's countable income less than the income limits required for the Newborn Plus Foster Care Medicaid Program and the child is under age 19? (If foster child is pregnant or has a child residing with the foster child, base the income and asset limits on a household of two.)

CM Income Limit: \$ **\$382** Child's income: \$ **Foster Child's Countable Income ONLY.**

☐ Yes ****Go to Part E.**

☐ No ****Go to question D10.**

10. Is the child's countable income less than the income limits required for the Newborn Plus Foster Care Medicaid Program and the child is under age 19? (If foster child is pregnant or has a child residing with the foster child, base the income and asset limits on a household of two?)

NB+ Income Limit: \$ **See Table VII for current income limits.** Child's Income: \$ **Foster Child's Countable Income ONLY.**

☐ Yes **Go to Part E.**

☐ No **Go to question D11.**

11. Do the child's medical expenses exceed the income "spend down" amount for the Children's Medicaid program and the child is under age 18 or age 18 and expected to complete high school or technical training before the age of 19? (Calculate the spend down amount as provided below.)

**Consult Medicaid Spend Down Guidelines
OR
State Specialist for assistance in determining if the Medicaid Spend Down Program is appropriate.**

CM Income Limit: \$ **\$382** Child's income: \$ **Foster Child's Countable Income ONLY.**

☐ Yes Child is FC/C Medicaid eligible when spend down process is completed
****Go to Part E.**

☐ No **STOP.** Child is not eligible for Foster Care Medicaid. ****Go to Part E.**

The Spend Down Program does not apply to NB or NB+ Medicaid Programs.

The Spend down must be made to the Children's Medicaid Program.

Income Limit

HH 1 = \$382

HH 2 = \$468

Foster Child's Income Minus BMS (\$382).
Income Limit = Spend Down amount.

Spend Down Calculation

Child Countable Income	\$	_____
Minus Program Income Limit	\$-	_____
Total Spend Down Amount	\$	_____

(fill out spend down form & send to L O'Brien with check of needed amount from Rep Payee Account)

Part E: Review Findings For Title IV-E And Medicaid Benefits For Foster Child

Same months as indicated on Page 1.

Review Period: From _____ To _____

1. Review of Title IV-E Eligibility

Did the Foster Child meet the Initial IV-E Eligibility Requirements for this custody episode?

___ NA Child did not meet INITIAL Title IV-E eligibility requirements and is not eligible for

custody episode. Provide reason:

Why Not?

****Go to question E3.**

Did the Foster Child meet the Initial IV-E Eligibility Requirements for this custody episode and during this review period were they IV-E Eligible?

___ Yes Child is Title IV-E eligible.

During this 12 month review period, what was the foster child's IV-E Eligibility Status?

___ Child met eligibility and placement requirements for **all months** of review period.

___ Child met eligibility and placements requirements for one or more months during the review period.

Complete if IV-E Eligibility terminated for one month or more during the review period.

If not IV-E eligible all months, list dates for review period. Check IV-E eligible months.

Month/Year	10/05												
Check elig months	X												

List months of review period.
Check box beneath the months when the child was IV-E Eligible.

(Note DCFS: Make sure that SAFE showed open IV-E eligibility for all appropriate months.)

Make sure the SAFE and CARE Eligibility History match the review findings.

Foster Child met the Initial IV-E Eligibility requirements, but has not been IV-E eligible during this review period.

☐ No Child is not Title IV-E eligible. Provide reason:

Why not?

☐ Child can regain eligibility in the future when all requirements are met.

☐ Child has permanently lost IV-E eligibility.

Trial Home Placement more than 6 months and not court ordered.

2. Review of Title IV-E Reimbursability

Did the Foster Child meet the requirements for IV-E Reimbursability during this review period?

☐ Yes Child is Title IV-E reimbursable.

☐ Child met reimbursability requirements for **all months** of review period.

☐ Child met reimbursability requirements for one or more months during the review period.

Complete if IV-E Reimbursability terminated for one month or more during this review period.

If not IV-E reimbursable all months, list dates for review period. Check reimbursable months.

Month/Year	10/05												
Check reimb months	X												

List months of review period.
Check box beneath the months when the child was IV-E Reimbursable.

(Note DCFS: Make sure that SAFE showed open IV-E reimbursability for all appropriate months.)

Make sure that the SAFE and CARE Eligibility History match the review findings.

Foster Child met the Initial IV-E Eligibility requirements, but is not IV-E Reimbursable.

___ **No** Child not Title IV-E reimbursable. Provide reason:

SSI or Provisionally Licensed Placement.

Foster Child is not IV-E Eligible for this custody episode.

___ **NA** Child is not Title IV-E eligible.

3. Review of Foster Care Medicaid Eligibility

After completing the review, does the Foster Child continue to be eligible for Medicaid?
Which Program Category is eligibility under?

___ **Yes** Child is eligible for Foster Care Medicaid.

Circle program type:

FC/F IV-E

FC/B Blind

FC/D Disabled

FC/C Children's Medicaid

FC/C Newborn

FC/C Newborn Plus

Other (specify) _____

Medicaid eligibility is established under the most restrictive program first and if the client does not meet the eligibility requirements for that program, then the next most restrictive category is considered.

Review Third Party Liability information for the child, comparing to previous TPL information. Are there any changes? ___ **Yes** (enter updated TPL information into ORSIS)

___ **No**

Review the previous TPL information (application or prior review) and compare with the caseworkers answer to **Part B #9**. Enter any changes into ORSIS.

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___ No Child not eligible for Medicaid. Provide reason: _____
(Refer to BES for CHIP eligibility determination if citizenship requirements are met.)

CHIP eligibility is subject to open enrollment periods.

Notes regarding Title IV-E or Medicaid review:

Explanations as necessary. Be Professional!

Eligibility Worker's Signature: _____ Review Date _____

Make sure to sign and date the review!

File in Eligibility Case File in the Review Section. Review should be filed chronologically, with the most review recent on top.

Lump Sum Payments for Ongoing Title IV-E Eligibility

Title IV-E Foster Care Eligibility Determination
Procedures 5-5

Lump Sum Payments Received by a IV-E Eligible Child

- ✓ Lump sums other than SSI.
- ✓ Exceeds the 185% Foster Care Need Standard.
- ✓ Child is not IV-E eligible for a period of time.

Determining IV-E Non Eligible Period

- ✓ Non-eligible period begins the month the lump sum is received.
- ✓ Divide the lump sum amount (after allowed deductions) + any of the child's monthly income by the 185% foster care need standard.
- ✓ Resulting whole number is the number of months in which the child is not eligible.
- ✓ Remaining funds become an asset the month following non-eligibility

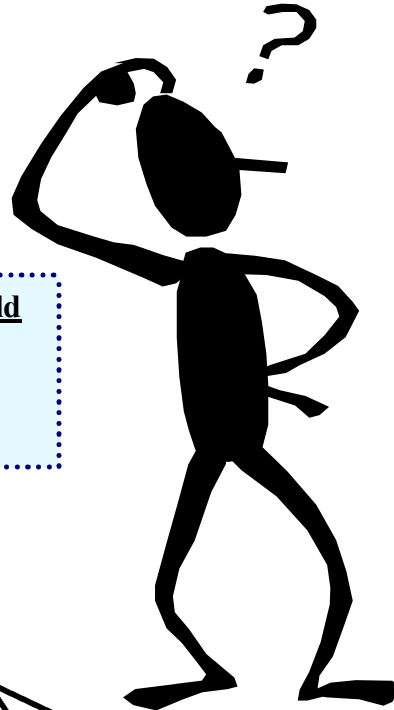
Shortening the IV-E Non-Eligibility Period

- ✓ The period on non-eligibility can be shortened **only** if the foster child incurs, becomes responsible for, and pays medical expenses that are not covered by private insurance or Medicaid.

OR

- ✓ A disaster occurs and the lump sum is spent to meet the child's needs in connection with the disaster.

The new period of non-eligibility is calculated by dividing the balance of the lump sum by the 185% foster care need standard.



Lump sum =	\$6500.00
Monthly SSA	+ 325.00
	<u>\$6825.00</u>
Divided by	\$1489.00
	= 4 months of non-eligibility

Reasonable Efforts to Finalize Permanency



Requirement

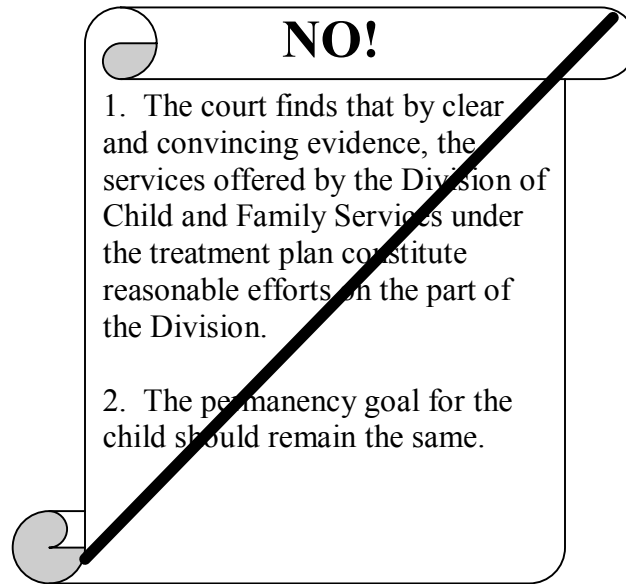
A judicial determination that reasonable efforts were made to finalize the permanency plan that is in effect must be obtained within 12 months of the removal date and at least once every 12 months thereafter while the child is in foster care.

Intent

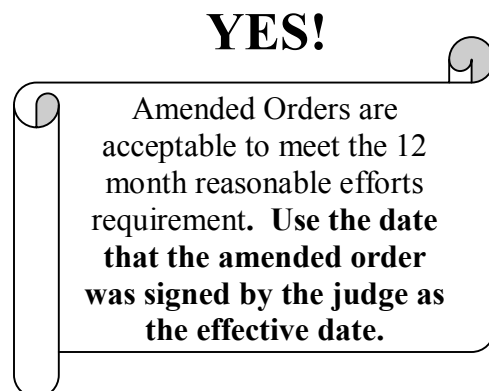
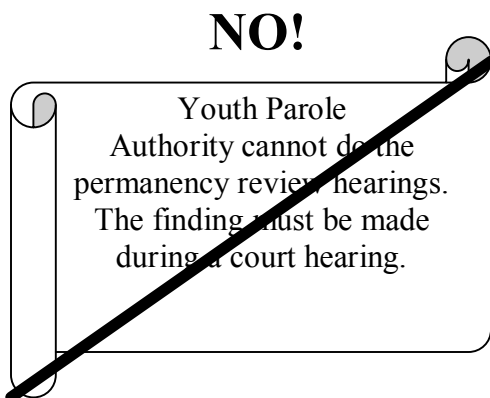
During the hearings the judge should determine if the agency has made enough effort to finalize the permanency goal for the child.
The court order must have specific language that shows that the judge determined that this occurred.

YES!

1. Reasonable efforts were made by the Division of Child and Family Services or other agency to finalize the service plan and its permanency goal of reunification, termination of parental rights, adoption, guardianship or individualized permanency.
2. Reasonable efforts have been made to finalize the permanency plan.



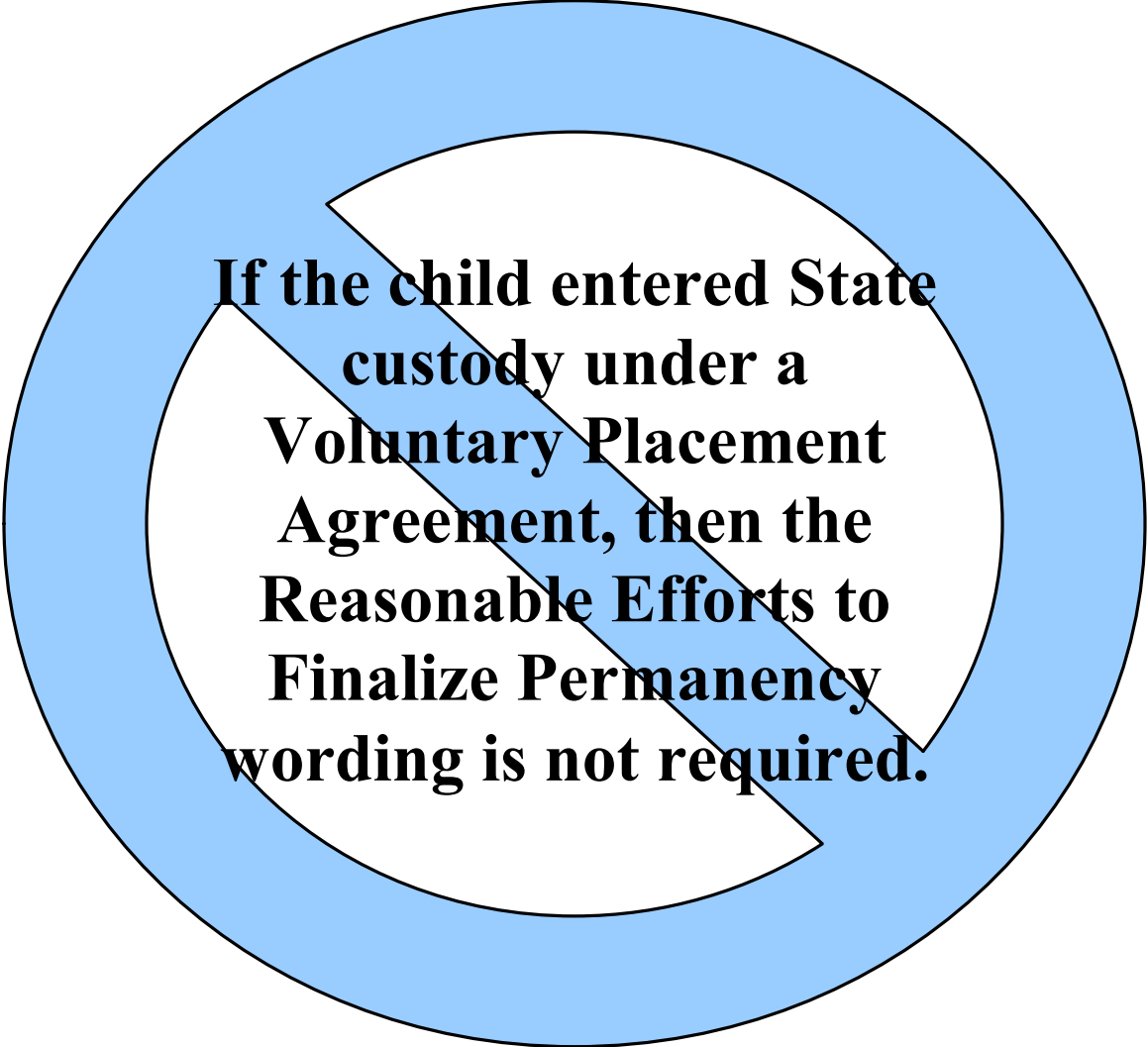
If a judicial determination of “Reasonable Efforts to Finalize” is not made by the end of the 12th month, the child is not IV-E eligible until a judicial determination of reasonable efforts is made. IV-E Eligibility may be reinstated on the first day of the month in which the judicial determination is made.



Federal reviewers interpretation of the "13 month rule"

If a judicial determination regarding reasonable efforts to finalize the permanency plan is not made by the end of the 12th month, the child becomes ineligible under Title IV-E at the end of the month in which the judicial determination was due and remains ineligible until a judicial determination is made.

The federal reviewers have ruled that in the cases of reasonable efforts language being obtained in a court order the month after it was due (13th month), the IV-E Eligibility should be terminated even though there is no gap in the IV-E Eligibility of the child. The interpretation is that the agency must show that the IV-E Eligibility had been terminated and then restarted when the order was received.



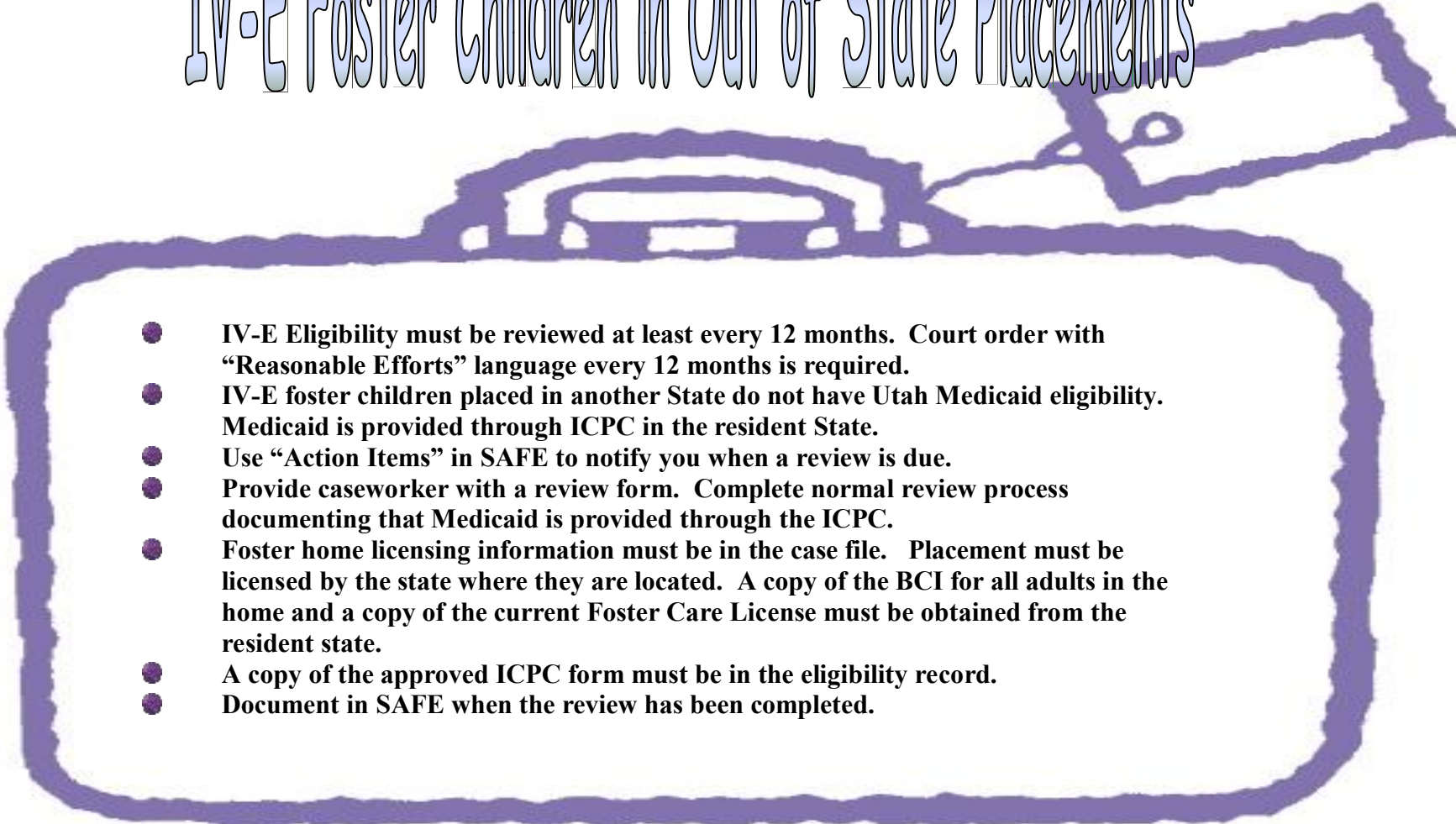
**If the child entered State
custody under a
Voluntary Placement
Agreement, then the
Reasonable Efforts to
Finalize Permanency
wording is not required.**

Foster Children Served by the MR.RC Waiver

- ◆ IV-E determinations must be entered in SAFE for all foster children served on the Mental Retardation and Related Conditions (MR.RC) Waiver Program. At the time custody begins, the caseworker must complete a IV-E/Medicaid Application for the child.
- ◆ Foster children who are open for DD Medicaid may meet the requirements for Initial IV-E Eligibility. IV-E Eligibility will be terminated when the foster child is being served under the MR.RC Waiver. If a foster child becomes eligible for the MR.RC Waiver during a custody episode, the FC Medicaid will be closed and the BES worker will open a DD Medicaid case for the child when qualified.
 - Case management services are being provided through DSPD as well as DCFS. The MR.RC Medicaid Waiver Program allows for case management billing for DSPD under that program. If the foster child remained IV-E eligible, DCFS would also be billing case management through the IV-E Program. This may appear as duplicate billing, but it is allowed.
- ◆ SAFE entry for a new foster child who meets the requirements for Initial IV-E Eligibility will be as follows:
 - Initial IV-E Eligibility “Yes”.
 - Initial IV-E Reimbursability “No”, for reason of receiving SSI. (usually)
 - ◆ If the child is not receiving SSI, the Initial IV-E Reimbursability would be “Yes” and then reimbursability would be terminated at the end of the first month for reason of “IV-E Eligibility ended”.
 - Terminate IV-E Eligibility at the end of the first month for reason of “Placement does not meet the placement requirements”.
 - Document the actions in the SAFE note section.
- ◆ SAFE entry for a foster child who becomes eligible for the MR.RC Waiver Program during the custody episode will be as follows:
 - Complete a review of IV-E eligibility for previous months. Terminate the IV-E Eligibility at the end of the month that the child becomes eligible for the MR.RC Waiver. Use the reason “Placement does not meet the placement requirements”.
 - Terminate the IV-E Reimbursability, if applicable, at the end of the month when the child becomes eligible for the MR.RC Waiver for reason of “IV-E eligibility ended”.
 - Document the actions in the SAFE note section.
- ◆ Foster Children that qualify for the MR.RC Home and Community Based Waiver” must be open in PACMIS under the “DD” Program.
 - DSPD worker provides a copy of completed Form 927. This form signifies that the foster child meets the requirements for the Waiver program. BES manages Medicaid eligibility for foster children on the Waiver “DD” Medicaid Program.



IV-E Foster Children in Out of State Placements

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- **IV-E Eligibility must be reviewed at least every 12 months. Court order with “Reasonable Efforts” language every 12 months is required.**
 - **IV-E foster children placed in another State do not have Utah Medicaid eligibility. Medicaid is provided through ICPC in the resident State.**
 - **Use “Action Items” in SAFE to notify you when a review is due.**
 - **Provide caseworker with a review form. Complete normal review process documenting that Medicaid is provided through the ICPC.**
 - **Foster home licensing information must be in the case file. Placement must be licensed by the state where they are located. A copy of the BCI for all adults in the home and a copy of the current Foster Care License must be obtained from the resident state.**
 - **A copy of the approved ICPC form must be in the eligibility record.**
 - **Document in SAFE when the review has been completed.**



Foster Children Placed at the State Hospital

IV-E Eligible	Non IV-E Eligible (Medicaid only)
➤ Notification of placement in State Hospital.	➤ Notification of placement in the State Hospital.
➤ Complete a IV-E Review for all months since custody began or for all months since the last IV-E Review.	➤ Complete a Medicaid Review for all months since custody began or for all months since the last Medicaid Review.
➤ Close the IV-E Eligibility in SAFE and CARE the end of the month that the State Hospital placement began. In SAFE use the closure reason, "Placement-non qualified provider or placement".	➤ Close the Foster Care Medicaid Case in PACMIS, using the XS (eligible for another program) closure reason. CARC the electronic Medicaid Case to Kym Ney, WNZ, at the State Hospital. Send a closure notice.
➤ Close the Foster Care Medicaid Case in PACMIS, using the XS (eligible for another program) closure reason. CARC the electronic Medicaid Case to Kym Ney, WNZ, at the State Hospital. Send a closure notice.	➤ Copy the Foster Care Eligibility Record and send the copy to Kym Ney, USH, P.O. Box 270, Provo, Ut 84603. Or use the State Mail Routing Slip.
➤ Copy the Foster Care Eligibility Record and send the copy to Kym Ney, USH, P.O. Box 270, Provo, Ut. 84603. Or use the State Mail Routing Slip.	➤ Keep the original Foster Care Eligibility Record with your case files.
➤ Keep the original Foster Care Eligibility Record with your case files.	➤ When the Foster Child is released from the State Hospital, contact Kym Ney, 801-344-4632, and ask her to close the NH Medicaid case and CARC the electronic Case to you. Review the Foster Child's eligibility to determine if they are eligible for Foster Care Medicaid.

IV-E Eligible	Non IV-E Eligible (Medicaid Only)
<p>➤ When the Foster Child is moved from the State Hospital, contact Kym Ney, 801-344-4632, and ask her to close the NH Medicaid case and CARC the electronic case to you. Complete a review of IV-E and Medicaid Eligibility. If the Foster Child meets all the IV-E requirements open an ongoing IV-E Eligibility in SAFE and CARE beginning the first of the month of the that the child meets all of the IV-E requirements.</p>	<p>➤ If the Foster Child meets all the requirements for Foster Care Medicaid Eligibility, open a Foster Care Medicaid Case in PACMIS beginning the month after the NH Medicaid Eligibility ended. Use the same PACMIS Case Number.</p>
<p>➤ If the Foster Child meets all the requirements for Foster Care Medicaid Eligibility, open a Foster Care Medicaid Case in PACMIS beginning the month after the NH Medicaid Eligibility ended. Use the same PACMIS Case Number.</p>	<p>➤ Document all actions on the CAAL screen.</p>
<p>➤ Document all actions in SAFE and on the CAAL screen.</p>	